CLERMONT COUNTY OHIO

Employee Benefits Handbook 2021

COUNTY BENEFIT WEB SITE: www.hr.clermontcountyohio.gov

The benefits illustrated are available to the majority of Clermont County employees and based on policies approved by the Board of County Commissioners.

Employees within the office of another Elected Official, or part of a collective bargaining unit (union): Some of the information herein may not apply to you due to specific conditions included in your individual agreement and/or department policies. Please refer to your Department Head or Collective Bargaining agreement for specific information for your particular office/department.

ELIGIBILITY

Employees:

CORE BENEFITS: County Health and Life benefits are available to all permanent, full-time employees and persons elected or appointed to elected office, unless otherwise mandated by the **Patient Protection and Affordable Care Act** (PPACA).

SUPPLEMENTAL BENEFITS: All permanent employees with regularly scheduled hours equaling 20 hours per week or more, including persons elected or appointed to an Elected Office.

Dependents:

Your dependents are eligible for coverage if you elect to enroll in the plans. Your eligible dependents include:

- Your legal spouse *(per Federal Guidelines)*
- Your children up to the age of 26 (coverage ends at the end of the month of 26th birthday).
- Children who were deemed disabled prior to age 19, may also qualify for benefits past the age of 26
- Coverage through the county ends at the end of the month in which the child reaches age 26

An eligible child is one who:

- Is your: natural child, adopted or foster child; stepchild; whom you have legal custody/guardianship.

PRE-TAX DEDUCTIONS

Clermont County participates in the "IRS Section 125 Cafeteria Plan":

- Section 125 allows employers to take out deductions for your medical, dental, vision, FSA and/or HSA before assessing your payroll tax each pay period – this lowers your payroll (income) tax.
- Section 125 rules prohibit mid-year changes to pre-tax benefits* except for a "Qualifying Event" (QE).
- HSA (health savings account) is the exception to this 125 rule and allows changes at any time.
- Section 125 does not apply to the county Voluntary Life and Supplemental Benefits – these are paid "Post-Tax" so can be reduced or dropped at any time during the year. Vendor contract terms restrict new elections to the 'new hire' and 'open enrollment' periods.

  * *See supplemental benefits section for specifics regarding enrollment.*

IMPORTANT NOTICE ABOUT REPORTING QUALIFYING EVENTS

According to IRS rules, you must notify your employer regarding any change in status that may require a change to your benefits (ex: marriage, birth, adoption; loss of other coverage; new coverage available; divorce; etc.) **within 30 days of the event**. Enter your request into ESS/Benefits under "Life Event" and provide documentation to: Yvonne Smith, Benefits Coordinator, Human Resources

REQUIRED DOCUMENTATION

When adding a new dependent (someone not currently covered), you must provide documentation showing he or she is an eligible dependent. Examples of required documentation:

- Loss of Coverage: Showing date of loss; type of coverage; and who was covered.
- New Coverage Available: Showing effective date; who will be covered; type of coverage.
- New Spouse: Official marriage certificate or license.
- Child: Birth certificate or legal documentation (adoption, guardianship, support order, etc.)
- Disabled child: Certificate of disability issued by Social Security.

ENROLLMENT

2021 Open Enrollment

HOW: IN ESS/BENEFITS CLICK ON "OPEN ENROLLMENT"

WHEN: October 22, 2020 through midnight on November 2, 2020. Coverage is for calendar year 2021.

WHO: Eligible employees are required to complete the open enrollment process, even if declining coverage.

VOLUNTARY LIFE: If making changes, enter amount of coverage (system will figure the per pay deduction).

SUBMIT: Remember to hit **"submit"** when finished.

IMPORTANT: Print and verify the plan election is what you wanted and all covered dependents are correct.

New Hires:

Coverage begins on the first day of the month following a 60-day waiting period from your hire date. Ex: If your hire date were 2/1/2021, your benefits would be effective 4/1/2021 (this is your "eligibility date"); however, if your hire date were 2/12/2021, your benefits eligibility date would be 5/1/2021.

- 30 days prior to your eligibility date, you will receive an email notification that the system is set up to accept your benefit selections. The email will include directions to log into ESS.

- You have 30 days from your eligibility date to elect your benefits*; we recommend that you elect coverage ASAP to avoid delays with ID cards, coverage and to avoid back-deductions.*

Newly Eligible:

Follow the instructions given for 'New Hires' above, however, eligibility is as follows:

- Employees moving from part-time to full-time: Coverage begins on the first day of the month following change in status provided the employee has worked at least 60 days.

- Return from disability or military leave: Coverage begins immediately.

Mid-Year Changes Due to a Qualifying Event (QE)

A QE is a circumstance affecting your family status or income such as marriage, birth, adoption, legal separation, divorce, death, loss of other coverage, newly available coverage, etc. In most instances, a qualifying event must be reported to the employer within 30 days of the actual event (Medicare/Medicaid/Healthy-Start eligibility is extended to 60 days).

REPORTING A 'QE':

- In ESS/Benefits: Click on the "life events" link at the top of the page; select the appropriate qualifying event from the drop-down box and enter the event date.
- Send your supporting documentation to the Employee Benefits Office;
- You will receive an email stating "an event has been created for you"; enter your changes ASAP.

COVERAGE ENDS

All health and life insurance benefits will end on the last day of the month in which you leave county employment or become ineligible for benefits. Dependent coverage will end on the day of the event when the event is divorce, legal separation or death of dependent; dependent coverage for all other QE's will end on the last day of the month in which the dependent becomes ineligible for coverage.

HEALTHCARE BENEFITS

Funding for government entities has disadvantages when compared to private employers, mainly because 'for profit' businesses can simply increase the cost of their product to cover their operating costs, including wages and benefits. Government entities have no 'profit-centers' so must budget based solely on expected income from taxes, federal & state funding, grants, etc.

MEDICAL COVERAGE: UHC "CHOICE PLUS" NETWORK www.myuhc.com

ADVANTAGE COPAY PLAN

A 'traditional type 'plan with set copays for in-network office & specialist visits, prescription drugs, etc. "Tier 1" providers provide the best value for your money on this plan. You could end up paying double copays if you use certain types of specialists without the "Tier 1" designation.

In-Network Benefits:

- **Primary Care Physician: $0 copay**. *Some treatments during the OV may apply to your deductible.*
- **Other copays: "Virtual Dr.": $0**; **Urgent Care visits: $25; ER Visits: $250 + 20% coinsurance**
- **Deductible: $2000 one person / $4000 combined family**
- **Maximum Out of Pocket: $5,500 one person; $11,000 maximum for combined family**.

HDP with HSA PLAN:

Has lower per pay deductions when compared to the Copay plan. It is a plan that you can easily budget for - the most you would have to pay out of pocket in a year is the deductible. Its best feature is that you can pair it with a Health Savings Account (HSA), to which the County contributes and employees can deposit additional funds. Participants can select a **Limited FSA for dental and vision** out of pocket expenses.

In-Network Benefits:

- **Deductible: $3000 one person / $6000 combined family.**
- **Coinsurance 90/10%: Pays 90% of claims after deductible, up to the maximum out of pocket.**
- **Maximum Out of Pocket: $4000 one person / $8000 combined family.**

DENTAL INSURANCE: DENTAL CARE PLUS www.dentalcareplus.com

In-network only – no coverage out of network.

- **PREMIUM PLAN: Annual maximum allowance of $1,500; Orthodontia for children up to 19yrs.**
- **BASIC PLAN: Annual maximum allowance of $1,000. No orthodontia.**

VISION INSURANCE – EYEMED www.eyemedvisioncare.com

In or out of network benefits; however, you will generally get the most for your money by staying in-network. There are many in-network providers in the area. Go to the EyeMed web site for listing.

HSA / FSA Benefits

WHAT ARE HSA and FSA's? HOW CAN THEY BENEFIT YOU?

Even the most comprehensive benefit plans do not cover all expenses. Participation in one or more of these accounts will allow you to set aside some of your income on a pre-tax basis to pay for healthcare and/or daycare expenses not covered by your other benefit plans. **How they work:** You elect and contribute to one or both of these accounts; these contributions taken from your paycheck before taxes are calculated. By participating in this type of plan, not only do you reduce your taxable income, but you also have money readily available to pay healthcare and/or dependent care expenses using tax-free dollars.

The chart below demonstrates the differences in payroll deductions for the two available medical plans.

- Both plans use the same UHC network and cover the same conditions.
- Advantage (copay) plan has copays for some services, including Rx, but has a higher maximum out of pocket (MOOP).
- HDP participants pay 100% of the UHC contracted rates up to the deductible, and then a 10% coinsurance up to the (MOOP).
- HDP plan comes with an HSA (health savings account) to cover out of pocket expenses; the county contributes to this account.

Tier Selection	Advantage Employee Contribution	HDP Employee Contribution	+	HSA County Contribution (credit)	HDP PR deductions + HSA Credit = HDP payroll savings when compared to the Advantage Plan
Single	$44.03	$30.00	+	$25 PP $600 PY	$39.03 Per Pay $936.72 Per Year
EE + Spouse	$135.60	$98.96	+	$50 PP $1,200 PY	$86.64 Per Pay $2,079.36 Per Year
EE + Children	$109.68	$79.14	+	$50 PP $1,200 PY	$80.54 Per Pay $1,932.96 Per Year
Family	$196.98	$141.57	+	$50 PP $1,200 PY	$105.41 Per Pay $2,529.84 Per Year

IMPORTANT INFORMATION FOR MEDICARE ENROLLEES:

Due to the current government regulations, Medicare recipients **cannot** deposit funds into an HSA. If you are enrolled in Medicare or will enroll in Medicare sometime within the next 12 months and are electing medical coverage through your employment with Clermont County, you can select either the copay medical plan or the HDP (high deductible plan) without an HSA. If an HDP without the benefit of an HSA is your choice, you will need to email the Benefits Department you intent.

FLEXIBLE SPENDING ACCOUNTS (FSA)

IMPORTANT: If your or your spouse has an active HSA, you can only elect a Limited FSA

FSA Healthcare Accounts enable you to save for expenses not covered by your benefit plans, such as deductibles, copays, dental, etc. The 2021 maximum annual contribution is $2,750. You can rollover up to $500 for use in the following calendar year; unused funds in excess of $500 are forfeited, per IRS regulations. All claims must be submitted by March 31st of the following year. Mid-year contribution changes for this plan are prohibited by the IRS, so be careful of the amount you contribute!

Dependent Care Account allows you to save for daycare services for children under the age of 13 and/or a disabled child, spouse or parent, while you work. You can use these funds for daycare, pre-school, summer day camp and elder care. The annual maximum contribution is $5,000 per family. Funds for daycare must be in the account before you can use them. Unused funds at the end of the calendar year will be forfeited – so be careful of the amount you elect.

New participants will receive a 'Benny' debit card. Existing debit cards will be 'recharged' on the first day of January each year that you re-enroll. A $10 per card charge applies for lost or additional cards.
Contact Chard-Snyder to order a replacement: 513-459-9997

Termination: Funds left in your account at the end of your employment are lost. You have 30 days from the last day of the month in which your employment ends to file for reimbursement for expenses that occurred prior to date of termination.

HEALTH SAVINGS ACCOUNTS (HSA)

To participate in the HSA, you must elect the HDP medical plan. The HSA is tax-exempt benefit, which permits you to save money for out of pocket expenses for medical, dental and vision care. There are significant differences between an FSA and HSA:

- **2021**: employees enrolled in the single HDP medical plan can save up to $3,600; all other tiers can save up to $7,200 (per household).
- **2021**: Clermont County contributes $25 per pay to your single HSA or $50 per pay to any other tier. *Subtract this amount from your maximum allowed*.
- Change your payroll contributions at any time.
- Those persons over age 55 can save an additional $1,000 per year.
- Employees enrolled in any Medicare plan are not eligible for the HSA
- If your spouse has a 'full' FSA, you cannot deposit funds into an HSA.
- Funds rollover year to year and have unlimited accrual so you can save for future expenses.
- HSA funds go with you when you leave employment.
- Funds draw interest if they remain in your account.
- Investment opportunities available once you have a specific amount saved in your account.
- You cannot contribute if you elect a traditional Copay Plan or if you waive coverage during a future open enrollment period; however, you can still access funds already in the account.
- Termination: your funds and account go with you.

NOTE: *Set up an HSA with the credit union or bank of your choice.*

Provide your account information to the Payroll Office ASAP after enrollment.

EMPLOYEE LIFE & AD&D INSURANCE*

Basic Employee Life & AD&D Coverage:
As a full-time Clermont County employee, you automatically receive $25,000 in basic life insurance and an additional $25,000 in AD&D coverage (accidental death & dismemberment), at no cost to you.
***Does not apply to CCDD employees – see your personnel dept. for details of your life insurance plan.**

VOLUNTARY LIFE and AD&D COVERAGE:

For voluntary life, please enter the amount of coverage (not the payroll deduction).

NEW HIRES:
In addition to the County provided life insurance, you can elect to "buy-up" voluntary life & AD&D coverage. Cost of coverage depends on the amount of coverage you elect and your current age band. Coverage of up to 3x your annual salary (maximum is $250,000) is guaranteed while you are a "new hire". Coverage is available in increments of $10,000. By submitting an EOI form, you may qualify for up to 5x your annual salary (max $250,000) see the EOI section below.

DEPENDENT LIFE & AD&D INSURANCE

If you elect voluntary employee life insurance through Clermont County, you also have the option to purchase coverage for your spouse and/or dependent children up to age 26.

Voluntary Spouse Life & AD&D Coverage: Coverage is available in increments of $10,000 up to a maximum of $50,000. The cost is based on your spouse's age and level of coverage elected.

If you elect coverage when you first become eligible for benefits, the guaranteed amount is up to $50,000 for your spouse but not more than your own coverage. Amounts over $50,000 must be approved by VOYA *(see the "EOI" section below for details)*.

Child Life & AD&D Coverage: Coverage is available in $5,000 increments up to a maximum of $20,000. The plan uses a flat rate and one policy covers all **eligible** children…. Ex: $10,000 Child Life is $ .60 per pay regardless of age and whether you are covering one child or multiple children**.**
Eligibility rules apply, please see the eligibility page.

GI (GUARANTEED ISSUE) AMOUNT

If electing voluntary life coverage when you first become eligible for benefits, medical information (EOI) is not required unless electing more than the 'GI' amounts listed below:

- Employee: up to 3x annual salary, but not more than $250,000.
- Spouse: up to $50,000, but not more than the employee's coverage.
- Eligible Children: up to $20,000, but not more than the employee's coverage.

EOI FORM (EVIDENCE OF INSURABILITY)

You can apply for coverage beyond the "GI" amounts listed above by submitting an EOI form. Additional coverage only becomes effective after the approval is received from VOYA. The limits for coverage with an approved EOI are as follows:

- Employee: up to $250,000 (but not more than 5x annual salary);
- Spouse: up to $100,000 (cannot be more than employee's coverage).

Submit completed EOI form to: Yvonne Smith, Employee Benefits Coordinator, HR.

LONG TERM DISABILITY INSURANCE (LTD)

Clermont County provides you with LTD insurance until you have 5 years of OPERS service. The plan pays after 182 days of a qualifying illness; the plan pays 60% of your gross monthly pay up to a maximum of $5,000 per month. Employees with 5 or more years of service may qualify for a similar benefit through the Ohio Public Employees Retirement System.

SUPPLEMENTAL PLANS

Clermont County also offers a wide selection of supplemental plans. Supplemental plans are available all full time employees and also part time employees who are regularly scheduled to work 20 hours or more per week.
These benefit options include:

- Allstate Cancer Coverage
- Allstate Critical Illness
- Allstate Accident Insurance
- Allstate Universal Life insurance
- Manhattan Life Voluntary STD (short-term disability) & LTD (long-term disability) insurance plans.

For additional information and rates, call Star Robbins Company: 1- 800-486-7721

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Counseling services (up to 5 visits per year) provided to Clermont County employees and their immediate family members through Tri-Health Services – paid by Clermont County. These services are 100% confidential; Clermont County receives no identifiable information. The EAP staff are all trained professionals. Services include:

- Personal & Mental Health
- Grief Counseling
- Work Related Issues
- Conflict Resolution
- Anger Management
- Drug, gambling, alcohol addictions
- Retirement Planning
- Locating Dependent Care
- Personal and Group Help Available

FAMILY MEDICAL LEAVE ACT – *SEE EMPLOYEE FMLA RIGHTS NOTICE AT END OF DOCUMENT:*

- Clermont County complies with the federally mandated "Family Medical Leave Act" also known as FMLA.
- FMLA is a protected leave, which provides you with job security for up to 12 weeks should you find it necessary to take a qualified personal or family medical leave.
- FMLA is only paid time off if you also have sick, vacation, personal, earned personal or comp time available – otherwise it is unpaid leave.
- To be eligible you must have at least one year of employment with Clermont County and at least 1250 hours worked (equates to about 24 hours per week) within the 12 months immediately prior to taking FMLA protected leave.
- To ensure you are protected complete and return all necessary documentation within the allotted time frame.

DEFERRED COMPENSATION PLANS

In addition to OPERS, the County offers access to participation in deferred compensation plans. These plans allow you to set aside a portion of your income on a pre-tax basis to supplement your retirement benefits. The three available plans (listed below) offer you investment options, such as a fixed rate of return, variable annuity and mutual fund plans.

1. **Ohio Public Employees Deferred Compensation Program (OPEDC) 877-644-6457 or 513-829-6499**
   Email: BugherT@Nationwide.com; WEB: www.Ohio457.org

2. **County Commissioners Association of Ohio (CCAO / CCADC) 1-800-282-0444 or 513-426-5359**
   Email: lesley.noe@empower-retirement.com; www.empower-retirement.com

3. **International/Inter City/County Management Association (ICMA) 1-866-339-8796 or 1-800-326-7272**
   Email: mblair@ICMARC.org

COBRA RIGHTS

The County uses COBRA Administrator Services with P&A Group. P&A Group will send out all notifications of your COBRA Rights and the COBRA Rights of your covered dependents within 30 days of your enrollment or coverage changes with the county's healthcare plans. An electronic copy is also available through the enrollment system (ESS) when you elect your benefits.

The COBRA Initial Rights document is also available on SharePoint and the County's Human Resources web page; and published in the medical summary plan description documents.
If you have questions regarding COBRA coverage, please contact the Benefits Office: 732-7981.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WH1420 REV 04/16